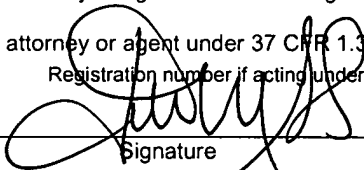


PTO/SB/22 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031
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|---|---|--|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 59562(71699) | |
| Application Number 10/523,899-Conf. #9458 | | Filed November 14, 2005 | |
| For ENHANCEMENT OF ADENOVIRAL ONCOLYTIC ACTIVITY BY MODIFICATION OF THE E1A GENE PRODUCT | | | |
| Art Unit 1633 | | Examiner Q. J. Li | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$130 | \$65 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | <input type="checkbox"/> | applicant/inventor. | |
| | <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | |
| | <input checked="" type="checkbox"/> | attorney or agent of record. Registration Number <u>53,624</u> | |
| | <input type="checkbox"/> | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u> | |
|  Signature | | <u>August 26, 2009</u> Date | |
| <u>Jonathan M. Sparks, Ph.D.</u> Typed or printed name | | <u>(617) 517-5543</u> Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> | Total of <u>1</u> forms are submitted. | | |

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